

CHRISTOPHER WAYNE LESTER

2 OF 14

3/134 Guides to the Evaluation of Permanent Impairment

CHRISTOPHER W. LESTER, SR.

DOB:

71

SS

3340

DOI:

03-10-00

Figure 79. Lumbar Range of Motion (ROM):

CLAIM #2000046841

Name

Christopher Lester

Soc. Sec. No.

3340

Date

12/22/00

Movement	Description	Range
Lumbar Flexion	T12 ROM	20 15 15
	Sacral ROM	10 12 10
	True lumbar flexion angle = 10% or 5°?	10 3 5
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum true lumbar flexion angle % Impairment	10 26 21
Lumbar Extension	T12 ROM	0 0 0
	Sacral ROM	0 0 0
	True lumbar extension angle = 10% or 5°?	0 0 0
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum true lumbar extension angle % Impairment	0 (Add sacral flexion and extension ROM and compare to tightest straight-leg-raising angle)
Straight Leg Raising (SLR), Right	Right SLR = 10% or 5°?	2 Yes No
	Maximum SLR right	(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)
Straight Leg Raising, Left	Left SLR = 10% or 5°?	? Yes No
	Maximum SLR Left	(If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)
Lumbar Right Lateral Flexion	T12 ROM	5 7 5
	Sacral ROM	0 0 0
	Lumbar right lateral flexion angle = 10% or 5°?	5 7 5
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum lumbar right lateral flexion angle % Impairment	7 26 21
Lumbar Left Lateral Flexion	T12 ROM	7 7 5
	Sacral ROM	2 2 0
	Lumbar left lateral flexion angle = 10% or 5°?	5 5 5
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	Maximum lumbar left lateral flexion angle % Impairment	5
Lumbar Ankylosis in Lateral Flexion	Position % Impairment	(Excludes any impairment for abnormal flexion or extension motion)

Total lumbar range of motion and ankylosis* impairment: %

NOT NUM

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. A22). If ankylosis in several planes are present, combine the ankylosis estimates (Combined Values Chart), then combine the result with the range of motion impairment.

Page 2

Patient's Name **LESTER, CHRISTOPHER W.**Date of Exam **12-22-00**Claim Number **2000046841****6. MOTOR STRENGTH** (standing, walking, seated, or supine) **GRADE (OUT OF 5)**

	NORMAL	ABNORMAL	LEFT	RIGHT
6.1 Hip flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.2 Hip Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.3 Hip Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.4 Knee extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.5 Knee flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	5
6.6 Ankle dorsiflexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	5
6.7 Ankle Planter flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4	5
6.8 Great toe extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.9 Heel toe walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.0 Toe walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—

*some give way
other iting*

7. SENSORY (pin prick) (seated or supine)

	LEFT			RIGHT		
	Normal	Diminished	Absent	Normal	Diminished	Absent
7.1 L3 sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 L4 sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 L5 sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4 S1 sensory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 Comments	<i>at left of tuffe & sensation both legs</i>					

8. REFLEXES (seated) (+2 normal)

Patellar	8.1 Left	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input checked="" type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> clonus
	8.2 Right	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input checked="" type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> clonus
Achilles	8.3 Left	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> clonus
	8.4 Right	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> clonus

Other _____

9. STRAIGHT LEG RAISING (sitting) (0-90° scale)

(Measure knee extension)

8.1 Left	<u>90</u> °	Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Pain: <input checked="" type="checkbox"/> Back <input type="checkbox"/> Same Leg <input type="checkbox"/> Contralateral back/leg
8.2 Right	<u>70</u> °	Pain: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Pain: <input checked="" type="checkbox"/> Back <input type="checkbox"/> Same Leg <input type="checkbox"/> Contralateral back/leg

10. HIP AND SACROILIAC TESTS10.1 Hip test pain ☐ Yes ☐ No ☐ Left ☐ Right10.2 Sacroiliac test pain ☐ Yes ☐ No ☐ Left ☐ Right**11. STRAIGHT LEG RAISING** (supine) (0-90° scale)

11.1 Left	_____°	Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Pain: <input type="checkbox"/> Back <input type="checkbox"/> Same Leg <input type="checkbox"/> Contralateral back/leg
11.2 Right	_____°	Pain: <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Pain: <input type="checkbox"/> Back <input type="checkbox"/> Same Leg <input type="checkbox"/> Contralateral back/leg

12. PULSES

	Left	Right
12.1 Dorsalis Pedis	<u>2</u> Present? Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>2</u> Present? Yes <input type="checkbox"/> No <input type="checkbox"/>
12.2 Posterior tibial	<u>2</u> Present? Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>2</u> Present? Yes <input type="checkbox"/> No <input type="checkbox"/>
12.3 Other observations (Clotting, Cyanosis)	<u>white with</u>	

13. MUSCLE MEASUREMENT

13.1 Left Thigh	<u>57.6</u>	Right Thigh	<u>58.2</u>	<u>10</u> cm above tibial tubercle
13.2 Left Calf	<u>47.7</u>	Right Calf	<u>48.2</u>	<u>12</u> cm below tibial tubercle

14. LEG LENGTH EXAM

14.1 Symmetrical	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Tested
14.2 Shorter	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Supine <input checked="" type="checkbox"/> Standing

Difference of _____ cm Right 26 cm Left 24 cm☐ Supine; measure from anterior superior iliac spine to medial/lateral malleolus. ☒ Standing; measure from greater trochanter to floor

500688.086.0033

Patient's Name LESTER, CHRISTOPHER W. Date of Exam 12-22-00 Claim Number 2000046841 Page 3

15. OTHER TESTS AND FINDINGS

16. CLINICAL IMPRESSION OF SOMATIC AMPLIFICATION

SCORE

SENSORY EXAMINATION: RESPONSE TO PINPRICK (check)

- 16.1 No deficit or deficit well localized to dermatome(s) 0 ☐
 Deficit related to dermatome(s) but some inconsistency 1 ☐
 Nondermatomal or very inconsistent deficit 2 ☐
 Blatantly impossible (i.e., split down midline of entire body with positive tuning fork test) 3 ☐

2

16.2 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☐ 36-60% 2 ☐ >60% 3 ☐

0

MOTOR EXAMINATIONS (check)

- 16.3 No deficit or deficit well localized to myotome(s) 0 ☐
 Deficit related to myotome(s) but some inconsistency 1 ☐
 Nonmyotomal or very inconsistent weakness, exhibits cogwheeling or giving away, weakness is coachable 2 ☐
 Blatantly impossible, significant weakness which disappears when distracted 3 ☐

2

16.4 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☐ 36-60% 2 ☐ >60% 3 ☐

0

TENDERNESS (check)

- 16.5 No tenderness or tenderness localized to anatomically sensible structure 0 ☐
 Tenderness not well localized, some inconsistency 1 ☐
 Diffuse or inconsistent tenderness, multiple structures (skin, muscle, bone, etc.) 2 ☐
 Impossible, significant tenderness of multiple structures (skin, muscle, bone, etc.) which disappears when distracted 3 ☐

0

16.6 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☐ 36-60% 2 ☐ >60% 3 ☐

0

DIFFERENTIAL STRAIGHT LEG RAISING (SLR)

- 16.7 The difference between SLR tests performed in the supine and sitting positions (the patient is distracted in the sitting position by examining the bottom of his/her feet). Example: supine SLR positive at 10°, seated SLR positive at 50°, difference = 40°. (check)
 Difference <20° 0 ☐ 20-45° 1 ☐ >45° 2 ☐
 No pain seated, but strongly positive SLR when supine at less than 45° 3 ☐

2

TOTAL SCORE

4

17. COMMENTS

Page 4

Patient's Name LESTER, CHRISTOPHER W. Date of Exam 12-22-00 Claim Number 200004684118. RADIOGRAPHIC EXAM ☒ Yes ☐ No Date _____ Type (Plain, CT, MRI, Myelogram) CT, MRIFindings (Attach report if available):
SeePatient Position During X-ray: ☐ Recumbent ☐ Weight Bearing ☐ Unknown

19. CLINICAL DIAGNOSIS

(Please indicate appropriate ICD-9 code(s) and give written description. Generic diagnoses are printed for your convenience; you may substitute other diagnoses. If appropriate, multiple diagnoses can be designated.)

SOFT TISSUE

- ☐ Lumbar sprain/strain (847.2)
☒ Lumbosacral sprain/strain (846.0)
☐ Sacroiliac sprain/strain (846.1)

POSTERIOR JOINTS

- ☐ Facet syndrome (724.8)
☐ Lumbar subluxation (839.20) or segmental dysfunction (739.3) (circle)

DISC

- ☐ Lumbar disc displacement without myelopathy (with or without radiculitis) (722.10)
☐ Lumbosacral radiculitis (724.4)

SACROILIAC

- ☐ Sacroiliitis (720.2)
☐ Sacroiliac subluxation (839.42) or segmental dysfunction (739.4) (circle)

☐ OTHER: (2) Cervicocranial Trauma

20. RECOMMENDATIONS, OPINION, REFERRALS, TX PLAN OR REDIRECTION:

See Report

21. AUTHORIZATION(S) REQUESTED FOR:

22. PHYSICIAN'S SIGNATURE SeeDATE 12/22/00

500688.086.0035

SAGHIR R. MIR, M.D., F.A.A.O.S.
ORTHOPAEDIC SURGERY
MONTGOMERY GENERAL HOSPITAL
MONTGOMERY, WEST VIRGINIA 25136

TELEPHONE (304) 442-5176
(304) 442-5151 EXT. 100

August 2, 2000

Workers' Compensation Fund
P.O. Box 431
Charleston, WV 25322-0431

RE: LESTER, CHRISTOPHER W., SR.
DOB: [REDACTED] 71
SS#: [REDACTED] 3340
DOI: 03/10/00
CLAIM#: 2000046841
EMPLOYER: D & M Trucking Corp., Inc.

Dear Sir/Madam:

This patient was evaluated by me on 08/02/00 at your request. His records on a CD ROM, over 100 pages, were reviewed. Patient brought copies of all of his records from Dr. Snyder's office and Boone Memorial Hospital. Those were reviewed, and copies of some of the records were made. In addition to that, patient brought reports of all x-rays from CAMC as well as some of the emergency room records, and those were reviewed. Detailed history was obtained, and a physical examination was carried out. When patient entered the room, he was somewhat moaning and groaning; and I advised him that I did not have to examine him if he was that much symptomatic. He wanted me to go ahead and examine him. Also, I told him that at any time he felt he was having too much pain, he could stop me from carrying out that part of the examination.

REVIEW OF RECORDS AND HISTORY: This patient was checking oil in a truck when the hood knocked him backwards, and he fell four to five feet. Patient stated he landed on another truck and hit his head which knocked him unconscious. Then he landed on the ground on his left side. Patient believed he was told that he had loss of consciousness for 40 to 45 minutes. He was taken to Charleston Area Medical Center where he was seen in the emergency room by Dr. David Bailey. Patient was noted to have multiple injuries, and his neurological examination was reported normal. While in the emergency room, he had x-rays of cervical, dorsal and lumbar spine which were reported negative. His x-rays of chest, left shoulder, left hip, pelvis and left ankle were reported normal. I did not find patient having any x-rays of thoracic area or left knee. While in the emergency room, he had a CT scan of head as well as a CT scan of cervical spine which were negative for any fractures or gross disc abnormalities. He was treated conservatively and discharged from the hospital to be followed at Corporate Health. It was noted patient was seen by Dr. Leon Kwei for all of this examination. There were close to 37 pages of hospital records which I reviewed.

500688.086.0036

LESTER, CHRISTOPHER W., SR.

August 2, 2000

Page 2

Saghir R. Mir, MD

REVIEW OF RECORDS AND HISTORY: Continued

Patient started further follow up at Corporate Health. According to some of the notes, Dr. Kwei had consulted Dr. Sherry Apple, and it appeared it was more of a verbal consultation. I did not find any records from Dr. Apple regarding a neurosurgical consultation.

On 03/14/00, patient was seen by Dr. Marsha Bailey at Corporate Health who noted he had fallen five or six feet from a truck. He was already seen at the emergency room and had several x-rays. He was still nauseous and vomiting and having some drainage from his ear area. He was still having pain in his neck and left shoulder. Dr. Bailey noted that Dr. Kwei had previously talked to Dr. Apple. Dr. Bailey noted patient's neurological examination to be essentially within normal limits. She talked to Dr. Apple again regarding ear drainage, so she recommended for patient to have an ENT consultation with Dr. Phillips to rule out any fracture in the temporal bones. He was diagnosed having headaches secondary to cerebral concussion as well as neck injury and injury to chest wall and shoulder. There was no mention of any injury to left knee, though he had x-rays of left ankle and hip at the time he was seen in the emergency room.

Patient was seen by Dr. Phillips at ENT clinic. On 03/15/00, Dr. Bailey noted that Dr. Phillips had seen this patient and done an audiogram which showed some hearing loss bilaterally which was not related to this injury. Dr. Phillips did not find any evidence of fractures, and he did not recommend any additional treatment or find any direct injury to ear. On 03/15/00, patient had no drainage but was still having headaches and chest pain. Dr. Bailey recommended for this patient to have an MRI of left shoulder. He was continued on medication for his headaches, neck pain and pain in left shoulder. (2)
E.S.M.

On 03/22/00, Dr. Bailey noted this patient was still having headaches and pain in his neck and left shoulder. He already had an MRI of shoulder done on left side on 03/21/00. Before Dr. Bailey started patient on physical therapy, she wanted to see the results of his MRI. Actually, patient was seen by Dr. Asaad on 03/22/00 with Dr. Bailey. FLEXERIL, IBUPROFEN and DARVOCET-N were continued.

On 03/27/00, Dr. Bailey noted patient still had more or less the same symptoms. Patient's MRI of left shoulder was reported normal. He still had tenderness in his neck and shoulder area with limited range of motion. His neurological examination was reported normal. Physical therapy was ordered, and patient started therapy at Boone Memorial Hospital on 04/03/00. There were several records of physical therapy and reports brought in by the patient which were reviewed by me. Later on during the course of treatment, Dr. Snyder became patient's physician. He added physical therapy to left shoulder. This patient had physical therapy until 06/19/00 when, according to patient, his physical therapy was stopped as it was not helping but causing more symptoms. Also, physical therapist had requested that this patient should be seen by an orthopaedic surgeon, and Dr. Loimil was recommended.

LESTER, CHRISTOPHER W., SR.
August 2, 2000
Page 3

Saghir R. Mir, MD

REVIEW OF RECORDS AND HISTORY: Continued

Patient stated he saw four or five physicians at Corporate Health. At that time, he decided to switch under the care of Dr. Snyder who is a medical physician in the Madison area. At patient's request, on 04/06/00, Compensation allowed him to transfer to the care of Dr. Snyder. Patient stated he has been treated previously by Dr. Snyder for another work related injury from 1994 to 1997 which involved compression fractures from T-11 to T-12 area. At that time, he had missed three years of work and had received 10% impairment.

On 04/07/00, patient was seen by Dr. Mark Snyder who noted he had multiple injuries in a fall from a truck. He was noted to have lost consciousness. He was treated at CAMC and Corporate Health. Dr. Snyder noted patient had some stiffness in his neck with a lot of pain on movement of left shoulder. He diagnosed patient having acute cervical, lumbar and left shoulder strain with contusion. He continued him on MOTRIN, FLEXERIL and VICODIN ES. Patient brought Dr. Snyder's office notes of two to three week intervals. On 04/10/00, Compensation allowed his claim to be head injury and thoracic, lumbar and cervical strain.

On 04/26/00, Dr. Snyder noted patient was having multiple symptoms. He continued him on physical therapy. Throughout his follow up, there was no mention of any injury to left knee area, though patient complained of pain. He also complained of pain in his rib cage area. On 05/05/00, Compensation allowed him to have VICODIN. On 06/06/00, Compensation allowed him to have additional therapy three times a week for four weeks and then two times a week over the next four weeks.

Records indicate that on 04/18/00 the employer wrote a letter that light duty work could not be offered as patient was released for that; therefore, patient stayed off work. On 04/02/00, this patient was referred to Vass Rehab Services. On 05/05/00, he had an initial vocational evaluation which was close to ten pages. On 04/19/00, Compensation had allowed patient to transfer under Dr. Snyder's care.

Throughout May and June 2000, patient had more or less the same symptoms. On 07/10/00, his physician noted that he was having considerable pain in left shoulder as well as low back. He still had headaches. He had restriction of mobility at neck and lower back. He was continued on LODINE. Possibility of consultation with Dr. Loimil was mentioned. On 07/17/00, his physician called in a prescription for VICODIN ES. The last time he saw his physician was on 07/31/00, and it was noted he was not doing better and had considerable pain in his left shoulder. Patient had not seen Dr. Loimil, yet, and he stated they are trying to make him an appointment. FLEXERIL and VICODIN were prescribed. He is going to see his physician in two weeks.

Prior to this injury, patient had injury to dorsolumbar area and received 10% impairment. It will be interesting to see his records from that claim.

500688.086.0038

LESTER, CHRISTOPHER W., SR.

Saghir R. Mir, MD

August 2, 2000

Page 4

PRESENT COMPLAINTS AND FUNCTIONAL LIMITATIONS: Patient still has multiple symptoms from various areas. He continues to have headaches which are mostly on the right side of his head. Patient stated that whenever his neck hurts, the pain goes on the right side of his head just above his ear level.

He continues to have pain in his neck and left scapular area. Intermittently, pain goes into his left arm all the way to ulnar side of hand and little and ring fingers. He complains of numbness and tingling on the ulnar side of forearm and in little and ring fingers. He complains of generalized weakness in left upper extremity. His neck stays stiff. Patient is right handed.

His left shoulder aches and hurts all of time. He has pain over the top of shoulder which he pointed to the AC joint area. Also, he gets deep seated pain in left shoulder as well as rib cage area. Patient feels something like a tear in his left shoulder area, and he has a stabbing pain. He has restriction of mobility at left shoulder. Patient complains of pain in left rib cage area and axillary area.

He continues to have pain in his right lumbosacral area and over SI joint. His back pain is present all of the time. Intermittently, pain goes to the back part of thigh and medial side of thigh. He has occasional numbness and tingling in his right foot. Prolong sitting, standing, walking and riding in a car increase his back symptoms. Lying down does not help him, much. A heating pad gives him some relief. He is able to manage activities of daily living by himself.

Patient complains of some pain in his right knee. It tries to give out and catch. As stated before, there was no mention of knee symptoms in his attending physician's records.

CURRENT MEDICATIONS: 1) FLEXERIL 2) VICODIN ES 3) MOTRIN

SOCIAL HISTORY: Patient is married, and his wife is employed. He has three children, two of which are from present marriage. He does not smoke cigarettes, drink alcohol or use chewing tobacco. He has never been on Social Security nor applied for it. At present, he is on Compensation benefits.

WORK HISTORY: Patient has a high school education. He worked in a hardware store. He also did some logging jobs and also set mobile homes. Then he drove a coal truck for three years. Since October 1998, he has been working as a truck driver with D & M Coal Company.

PAST HISTORY: A. OTHER WORK RELATED INJURIES OR ILLNESSES: Injury to dorsolumbar area with compression injuries to T-10 to T-11 area. This was patient's statement, and I did not have reports on that injury. Patient stated he was off from work from 1994 until 1997 for three years and received 10% impairment. He was treated by Dr. Snyder.

B. NONWORK RELATED INJURIES OR ILLNESSES: 1) Motor accident in 1986-1987. Patient stated he had fracture of collar bone and cerebral concussion. 2) No surgical procedures. 3) No medical problems.

LESTER, CHRISTOPHER W., SR.

Saghir R. Mir, MD

August 2, 2000

Page 5

PHYSICAL EXAMINATION: Patient is a 28-year-old white male who was 65 inches tall and weighed 293 pounds. His general physical condition was satisfactory.

His range of motion at cervical spine was recorded on the range of motion form. He had some guarding at extreme of range of motion, though there was no true muscle spasm. Compression and distraction tests caused some discomfort in his neck, though Spurling sign was negative. He had no pathological reflexes.

MEASUREMENTS

	<u>RIGHT UPPER EXTREMITY</u>	<u>LEFT UPPER EXTREMITY</u>	<u>COMMENTS</u>
Circumference of upper arm (10.0 cm above olecranon)	38.0 cm	37.0 cm	pt rt handed
Circumference of forearm (7.0 cm below olecranon)	34.5 cm	32.5 cm	

NEUROLOGICAL EXAMINATION

Reflexes - BJ, TJ & BRJ	1+	1+	
Muscle strength	5/5	5/5	all groups upper extremity muscles
Grip strength	38,36,30 lbs	20,18,16 lbs	Jamar apparatus at third notch
Pulse	2+	2+	
Cranial nerves	Intact	Intact	

Patient had slight difference in measurements on the left side. He had decreased sensation along the ulnar side of forearm and in left fourth and fifth fingers. He had no signs of carpal tunnel syndrome or thoracic outlet syndrome.

His examination of shoulder area revealed no gross atrophy. He had tenderness over left shoulder area, especially over left AC joint. Clinically, there was no evidence of gross separation.

LESTER, CHRISTOPHER W., SR.

Saghir R. Mir, MD

August 2, 2000

Page 6

PHYSICAL EXAMINATION: Continued

RANGE OF MOTION

<u>SHOULDER</u>	<u>RIGHT</u>	<u>LEFT</u>
Forward flexion/extension	170°-0°-60°	90°-0°-50°
Abduction/adduction	170°-0°-40°	90°-0°-40°
External/internal rotation		
Arm at 90° abduction	90°-0°-90°	70°-0°-45°
<u>ELBOW</u>		
Extension/flexion	0°-0°-140°	0°-0°-140°
<u>WRIST</u>		
Dorsi/volar flexion	60°-0°-60°	60°-0°-60°
Ulnar/radial deviation	35°-0°-15°	35°-0°-15°

Patient had discomfort at extreme of range of motion at left shoulder. Impingement tests were mildly positive. Apprehension test was negative, though he had some discomfort at 90° abduction and external rotation. There were no signs of thoracic outlet or carpal tunnel syndrome.

Examination of left thoracic rib cage area revealed patient had generalized tenderness, though chest sounds were clear.

His detailed examination of lower back was recorded on the West Virginia Compensation back form and range of motion form.

As far as his right knee was concerned, patient had mild swelling in right suprapatellar area. His range of motion at both knees was 0°-0°-125° as he had some discomfort in back. He had tenderness over the medial collateral ligament at its insertion over the medial femoral condyle. There was no tenderness on patellar compression. McMurray test caused some discomfort in his right knee, though Lachman and pivot shift tests were negative. His collateral and cruciate ligaments seemed to be intact.

LESTER, CHRISTOPHER W., SR.

August 2, 2000

Page 7

Saghir R. Mir, MD

RADIOLOGICAL FINDINGS:

- 1) X-rays of cervical, dorsal and lumbar spine at the time of admission were reported normal. His CT scans of head and cervical spine were also reported normal.
- 2) X-rays of chest, left hip, left ankle and pelvis were all reported normal.
- 3) MRI of left shoulder has been reported normal by his attending physician.

DISCUSSION/CONCLUSION/RECOMMENDATIONS:

1) This patient sustained multiple injuries in a fall from a truck. He has been treated conservatively and still stays symptomatic. On physical examination, he had restriction of mobility at neck and lower back. His neurological examination of lower extremities was normal, but he had diminished sensation along the ulnar side of left forearm and left hand. He had questionable atrophy of left forearm muscles. Patient had some signs of internal derangement of right knee as well as injury to left shoulder and AC joint.

- DIAGNOSES:
- 1) Cervicodorsal and left scapular strain with cervical root irritation
 - 2) Lumbosacral and sacroiliac strain with lumbar root irritation
 - 3) To rule out left AC joint injury
 - 4) Injury left shoulder with possible internal derangement
 - 5) Blunt trauma left rib cage and to rule out fracture ribs
 - 6) Sprain medial ligaments right knee and to rule out internal derangement
 - 7) Cerebral concussion

2) Patient has not reached maximum degree of medical improvement. He continues to be temporarily disabled. An anticipated period of disability could be four months.

3) As far as further treatment is concerned, the following recommendations are made:

- A) MRI of cervical spine--even though this patient already had a CT scan. This is because he has C-8 nerve root irritation.
- B) MRI of lumbar spine to rule out disc herniation.
- C) X-rays of left AC joint with and without weight to rule out AC joint separation.
- D) X-rays of left rib cage area.
- E) Nerve conduction and EMG studies on left upper extremity.
- F) Orthopaedic consultation with Dr. Loimil, and patient to take MRI of left shoulder for review by Dr. Loimil.
- G) Neurosurgical consultation for neck and low back injuries following MRI of neck and back.

LESTER, CHRISTOPHER W., SR.

August 2, 2000

Page 8

Saghir R. Mir, MD

DISCUSSION/CONCLUSION/RECOMMENDATIONS: Continued

I) After orthopaedic and neurosurgical consultations, a pain clinic consultation, if needed.

J) In my opinion, this patient needs further physical therapy to neck, lower back, left shoulder and right knee for the next couple of months while he is going through his workup and consultations.

4) At present, patient is not ready for a functional capacity evaluation, though vocational follow up is recommended.

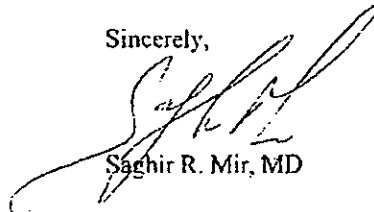
5) Patient's impairment rating is deferred for another four months.

During the next IME, please send to the evaluating physician the records or at least IME report of patient's injury of back from 1994.

As patient has multiple orthopaedic injuries, it is my opinion this patient should be transferred and followed by Dr. Loimil as soon as possible. Please authorize a consultation and transfer under his care. It would be best if patient should have a regular follow up by an orthopaedic surgeon, preferably Dr. Loimil.

Thank you for sending this patient for evaluation. If you have any questions, please feel free to contact my office at any time.

Sincerely,



Saghir R. Mir, MD

SRM/cv
Enclosures

LESTER, CHRISTOPHER W., SR.

August 2, 2000

Page 9

Saghir R. Mir, MD

PLEASE NOTE: The opinions rendered in this case are the opinions of this evaluator. Recommendations regarding work and impairment ratings are given totally independently of the requesting agents. This evaluation has been conducted on the basis of the medical examination and documentation as provided with the assumption that the material is true and correct. If more information becomes available at a later date, an additional service, report/reconsideration may be requested. Such information may or may not change the opinions rendered in this evaluation. This opinion is based on a clinical assessment, examination and documentation. Any recommendation on impairment is based on AMA Guidelines, Fourth Edition. This opinion does not constitute, per se, a recommendation for specific claims or administrative functions to be made or enforced. Medicine is both an art and a science; and although a patient may appear to be fit to return to duty, there is no guarantee that the patient will not be reinjured or suffer additional injury once he returns. If further information is required, please contact me.

500688.086.0044

USE BLACK INK

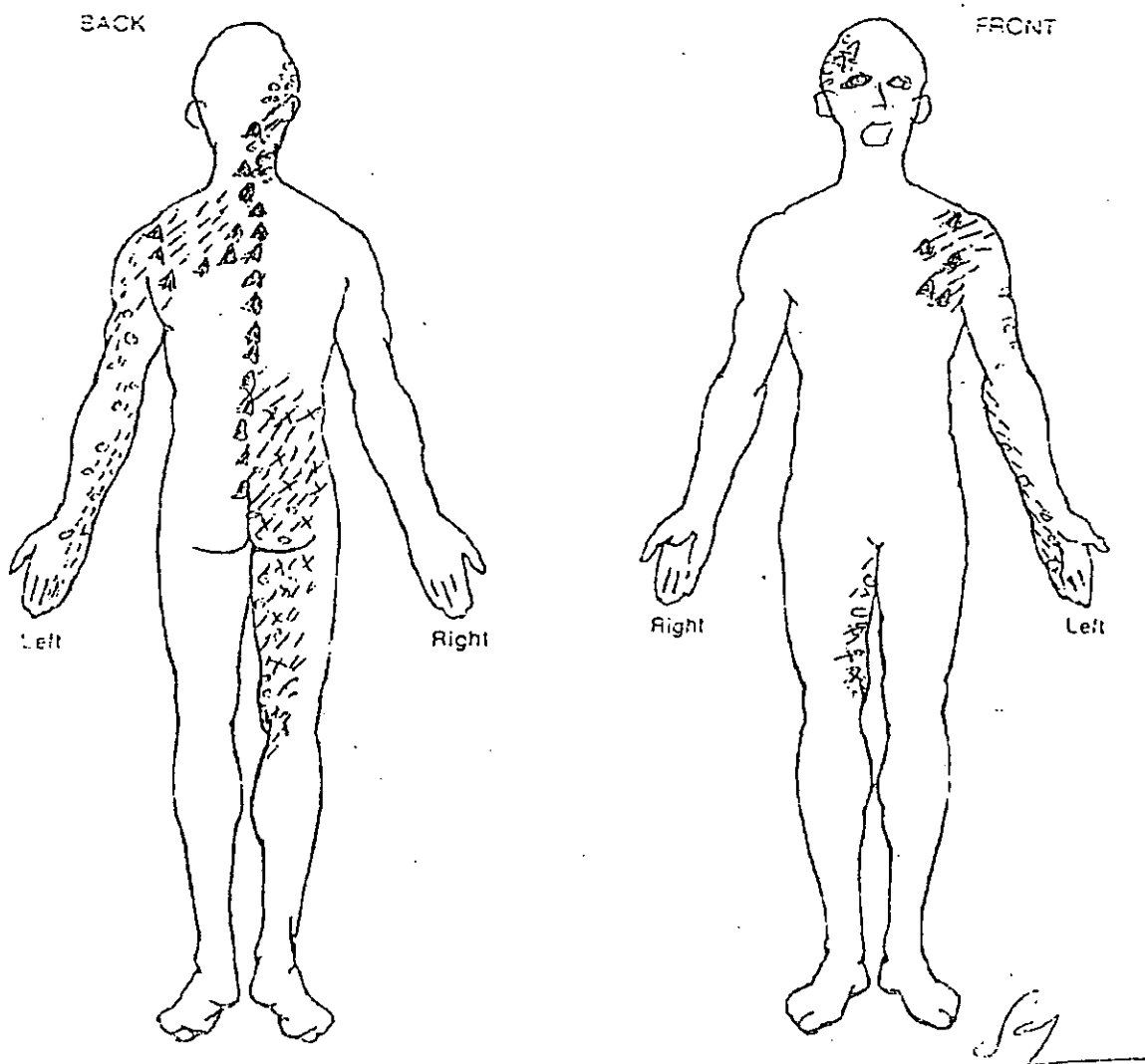
INSTRUCTIONS

2 of

Where is your pain? How does it feel? Draw your pain using the following key. Do not indicate areas of pain which are not related to your present injury or condition. Draw in your face.

KEY CHRISTOPHER W. LESTER SR DOB: [REDACTED] 71 SS# [REDACTED] 3340 CLAIM# 2003046841

/// Stabbing	X X X Burning	000 Pins and Needles	AAA Aching, Throbbing	= = = Numbness	... Other
--------------	---------------	----------------------	-----------------------	----------------	-----------



Signature

Chris Lester

Date

8-2-00

3/132

Guides to the Evaluation of Permanent Impairment

200-46341

3/10/2003

Figure 77. Cervical Range of Motion (ROM):*

CHRISTOPHER W. LESTER SR DOB: [REDACTED]-71 SS# [REDACTED]-3340 CLAIM# 2000046841

Name Christopher Lester Soc. Sec. No. [REDACTED]-3340 Date 3/2/03

Movement	Description	Range
Cervical Flexion	Occipital ROM	33 33 32
	T1 ROM	3 1 3
	Cervical flexion angle	30 30 27
	± 10% or 5%?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical flexion angle	30
Cervical Extension	Occipital ROM	28 26 28
	T1 ROM	2 2 2
	Cervical extension angle	26 25 26
	± 10% or 5%?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical extension angle	26
Cervical Ankylosis in Flexion/Extension	Position % Impairment	(Excludes any impairment for abnormal flexion or extension motion)
Cervical Right Lateral Flexion	Occipital ROM	32 33 32
	T1 ROM	3 3 3
	Cervical right lat flexion angle	27 30 27
	± 10% or 5%?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical right lat flexion angle	30
Cervical Left Lateral Flexion	Occipital ROM	27 28 28
	T1 ROM	2 2 2
	Cervical left lat flexion angle	21 27 27
	± 10% or 5%?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical left lat flexion angle	25
Cervical Ankylosis in Lateral Flexion and Extension	Position % Impairment	(Excludes any impairment for abnormal lateral flexion or extension motion)
Cervical Right Rotation	Cervical right rotation angle	45 50 50
	± 10% or 5%?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical right rotation angle	50
Cervical Left Rotation	Cervical left rotation angle	50 50 43
	± 10% or 5%?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Maximum cervical left rotation angle	50
Cervical Ankylosis in Rotation	Position % Impairment	(Excludes any impairment for abnormal rotation)
Total cervical range of motion and ankylosis impairment		167 MAI

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 352). If ankylosis in several planes are present, combine the estimates (Combined Values Chart), then combine the result with the range of motion impairment.

20046841
3/10/2004

CHRISTOPHER W. LESTER SR DOB: [REDACTED]-73 SS# [REDACTED] 3340 CLAIM# 200046841

Figure 79. Lumbar Range of Motion (ROM)*

Name Christopher Lester Sec. No. [REDACTED]-3340 Date 3/10/2004

Movement	Description	Range
Lumbar Flexion	T12 ROM	50 50 30
	Sacral ROM	25 25 30
	True lumbar flexion angle	25 25 2
	± 10% or 5°?	Yes No
	Maximum true lumbar flexion angle	25
Lumbar Extension	T12 ROM	12 12 10
	Sacral ROM	2 2 1
	True lumbar extension angle	10 10 9
	± 10% or 5°?	Yes No
	Maximum true lumbar extension angle	10 (Add sacral flexion and extension ROM and compare to tightest straight-leg-raising angle)
Straight Leg Raising (SLR), Right	Right SLR	30 30 30
	± 10% or 5°?	Yes No
	Maximum SLR right	30 (If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)
Straight Leg Raising, Left	Left SLR	30 40 40
	± 10% or 5°?	Yes No
	Maximum SLR left	40 (If tightest SLR ROM exceeds sum of sacral flexion and extension by more than 15%, lumbar ROM test is invalid)
Lumbar Right Lateral Flexion	T12 ROM	17 17 18
	Sacral ROM	2 3 3
	Lumbar right lateral flexion angle	15 15 15
	± 10% or 5°?	Yes No
	Maximum lumbar right lateral flexion angle	15
Lumbar Left Lateral Flexion	T12 ROM	17 17 17
	Sacral ROM	2 2 2
	Lumbar left lateral flexion angle	15 15 15
	± 10% or 5°?	Yes No
	Maximum lumbar left lateral flexion angle	15
Lumbar Ankylosis in Lateral Flexion	Position	
	% Impairment	(Excludes any impairment for abnormal flexion or extension motion)

Total lumbar range of motion and ankylosis* impairment _____ %

NET MMS

*If ankylosis is present, combine the ankylosis impairment with the range of motion impairment (Combined Values Chart, p. 372). If ankylosis is present in several planes, combine the ankylosis estimates (Combined Values Chart), then combine the results with the range of motion impairment.

faj

Rev. 1-95

WORKERS' COMPENSATION DIVISION LOW BACK EXAMINATION

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To Be Completed by the Physician

Page 1

Patient Name: <u>CHRISTOPHER W LESTER SR</u> SSN: <u> </u> - <u>3340</u> HT. <u>65</u> Date of Injury: <u>03</u> / <u>10</u> / <u>00</u> WT. <u>293 lbs</u> Date of Birth: <u> </u> / <u>71</u> Pulse <u> </u> Claim Number <u>2000046841</u> BP <u> </u> Date of Exam: <u>08</u> / <u>02</u> / <u>00</u> Resp. <u> </u>	Physician: <u>SAGHIR R. MIR, M.D., F.A.A.O.S.</u> Address: <u>ORTHOPAEDICS</u> <u>P.O. BOX 839</u> <u>MONTGOMERY, WV 25136</u> Phone: <u> </u> FEIN: <u>55-0564990</u>
PLEASE CHECK ONE OR MORE: <input type="checkbox"/> CLAIM REOPENING <input checked="" type="checkbox"/> IMPAIRMENT RATING <input type="checkbox"/> 120-DAY EXAMINATION <input type="checkbox"/> CONSULTATION <input checked="" type="checkbox"/> INDEPENDENT EXAMINATION <input type="checkbox"/> COMPREHENSIVE EXAMINATION	

1. INSPECTION (standing)

	YES	NO	
1.1 Patient stands unassisted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
1.2 Scoliosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
1.3 Antalgic lean (Asymmetry)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
1.4 Lumbar hypolordosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
1.5 Lumbar hyperlordosis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Other observations _____			

2. PALPATION (standing, seated, or prone)

	YES	NO	
2.1 Vertebral tenderness/restriction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	OL1 OL2 OL3 OL4 OL5 _____
2.2 Coccyx tenderness (external palpation)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
2.3 Sacral base & pelvis level (Standing)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
	LEFT RIGHT		
	YES	NO	YES
2.4 Paraspinal muscle tenderness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.5 Paraspinal muscle spasm	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.6 Sacroiliac joint tenderness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

3. GAIT

3.1 Limp ☐ Yes ☒ No ☐ Left ☐ Right Explain: _____

3.2 Assistive devices (cane, brace, prosthesis) _____

3.3 Other observations _____

4. SQUAT

4.1 Squats fully and rises without difficulty ☐ Yes ☒ No

Comments _____

5. RANGE OF MOTION (standing)*

	WNL	PAIN	RESTRICTION
5.1 Forward bending (Flexion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Backward bending (Extension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Left side bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4 Right side bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5 Comments	_____		
5.6 Inclinator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(Inclinator required for Impairment examinations)		

* NOTE: Subtract sacral motions from T12 motions (pp. 3/126-129 AMA Guides, 4th ed.)

RANGE OF MOTION CERTIFICATION

Thoracolumbar motion testing is valid if the following four criteria are achieved. Please certify the status of the examinee on each of these four criteria:

- The back injury is now stable. ☐ Yes ☒ No
- The motions were not curtailed due to a report of pain, fear of injury, or neuromuscular inhibition. ☒ Yes ☐ No
- Three consecutive measurements of each motion were within 5° (within 10° if the three averaged 50° or more.) ☐ Yes ☒ No
- Examinee passed validity test ☐ Yes ☒ No

Physician's Signature _____

Source: AMA Guides to the Evaluation of Permanent Impairment, pp. 112 & 127.

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Page 2

Patient's Name CHRISTOPHER W. LESTER SR. Date of Exam 08-02-00 Claim Number 20000468416. MOTOR STRENGTH (standing, walking, seated, or supine) GRADE (OUT OF 5)

	NORMAL	ABNORMAL	LEFT	RIGHT
6.1 Hip flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.2 Hip Extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.3 Hip Abduction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.4 Knee extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.5 Knee flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.6 Ankle dorsiflexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.7 Ankle Plantar flexion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.8 Great toe extension	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.9 Heel toe walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—
6.0 Toe walk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	—	—

7. SENSORY (pinprick) (seated or supine)

	LEFT			RIGHT		
	Normal	Diminished	Absent	Normal	Diminished	Absent
7.1 L3 sensory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.2 L4 sensory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.3 L5 sensory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.4 S1 sensory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.5 Comments						

8. REFLEXES (seated) (+2 normal)

Patellar	8.1 Left	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> +1	<input checked="" type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> clonus
	8.2 Right	<input type="checkbox"/> 0	<input checked="" type="checkbox"/> +1	<input checked="" type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> clonus
Achilles	8.3 Left	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input checked="" type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> clonus
	8.4 Right	<input type="checkbox"/> 0	<input type="checkbox"/> +1	<input checked="" type="checkbox"/> +2	<input type="checkbox"/> +3	<input type="checkbox"/> clonus
Other						

9. STRAIGHT LEG RAISING (sitting) (0-90° scale)

(Measure knee extension)

8.1 Left 95° Pain: ☒ Yes ☐ No Location of Pain: ☒ Back ☐ Same Leg ☐ Contralateral back/leg

8.2 Right 90° Pain: ☒ Yes ☐ No Location of Pain: ☒ Back ☐ Same Leg ☐ Contralateral back/leg

10. HIP AND SACROILIAC TESTS

10.1 Hip test pain ☐ Yes ☒ No ☐ Left ☐ Right

10.2 Sacroiliac test pain ☒ Yes ☐ No ☐ Left ☐ Right

11. STRAIGHT LEG RAISING (supine) (0-90° scale)

11.1 Left 40° Pain: ☐ Yes ☐ No Location of Pain: ☒ Back ☐ Same Leg ☐ Contralateral back/leg

11.2 Right 30° Pain: ☐ Yes ☐ No Location of Pain: ☒ Back ☐ Same Leg ☐ Contralateral back/leg

12. PULSES

12.1 Dorsalis Pedis 2+ Present? Yes ☒ No ☐ Left ☐ Right ☒

12.2 Posterior tibial 2+ Present? Yes ☒ No ☐ Left ☐ Right ☒

12.3 Other observations (Clubbing, Cyanosis) 1 of 2 regular

13. MUSCLE MEASUREMENT

13.1 Left Thigh 41.5 Right Thigh 62.5 20 cm above tibial tubercle

13.2 Left Calf 47.5 Right Calf 48.2 10 cm below tibial tubercle

14. LEG LENGTH EXAM

14.1 Symmetrical ☒ Yes ☐ No ☐ Not Tested

14.2 Shorter ☐ Left ☐ Right ☐ Supine ☐ Standing

Difference of — cm Right 3.5 cm Left 2.4 cm

☐ Supine: measure from anterior superior iliac spine to medial/lateral malleolus. ☐ Standing: measure from greater trochanter to floor

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Patient's Name CHRISTOPHER W. LESTER SR. Date of Exam 08-02-00 Claim Number 2000046841

Page 3

15. OTHER TESTS AND FINDINGS

16. CLINICAL IMPRESSION OF SOMATIC AMPLIFICATION

SCORE

SENSORY EXAMINATION: RESPONSE TO PINPRICK

(check)

- 16.1 No deficit or deficit well localized to dermatome(s) 0 ☐
 Deficit related to dermatome(s) but some inconsistency 1 ☐
 Nondermatomal or very inconsistent deficit 2 ☐
 Blatantly impossible (i.e., split down midline of entire body with positive tuning fork test) 3 ☐

0

16.2 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☐ 36-60% 2 ☐ >60% 3 ☐

2

MOTOR EXAMINATIONS

(check)

- 16.3 No deficit or deficit well localized to myotome(s) 0 ☐
 Deficit related to myotome(s) but some inconsistency 1 ☐
 Nonmyotomal or very inconsistent weakness, exhibits cogwheeling
 or giving away, weakness is coachable 2 ☐
 Blatantly impossible, significant weakness which disappears when distracted 3 ☐

12

16.4 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☐ 36-60% 2 ☐ >60% 3 ☐

2

TENDERNESS

(check)

- 16.5 No tenderness or tenderness localized to anatomically sensible structure 0 ☐
 Tenderness not well localized, some inconsistency 1 ☐
 Diffuse or inconsistent tenderness, multiple structures (skin, muscle, bone, etc.) 2 ☐
 Impossible, significant tenderness of multiple structures (skin, muscle, bone, etc.)
 which disappears when distracted 3 ☐

1

16.6 AMOUNT OF BODY INVOLVED (check)

- <15% 0 ☐ 15-35% 1 ☐ 36-60% 2 ☐ >60% 3 ☐

0

DIFFERENTIAL STRAIGHT LEG RAISING (SLR)

- 16.7 The difference between SLR tests performed in the supine and sitting positions (the patient is distracted in the sitting position by examining the bottom of his/her feet). Example: supine SLR positive at 10°, seated SLR positive at 50°, difference = 40°. (check)

- Difference <20° 0 ☐ 20-45° 1 ☐ >45° 2 ☐
 No pain seated, but strongly positive SLR when supine at less than 45° 3 ☐

1

TOTAL SCORE

1

17. COMMENTS

Page 4

Patient's Name CHRISTOPHER W. LESTER SR Date of Exam 08-02-00 Claim Number 200004684118. RADIOGRAPHIC EXAM ☒ Yes ☐ No Date _____ Type (Plain, CT, MRI, Myelogram) _____Findings (Attach report if available): _____
_____ *see report* _____
_____Patient Position During X-ray: ☐ Recumbent ☐ Weight Bearing ☐ Unknown

19. CLINICAL DIAGNOSIS

(Please indicate appropriate ICD-9 code(s) and give written description. Generic diagnoses are printed for your convenience; you may substitute other diagnoses. If appropriate, multiple diagnoses can be designated.)

SOFT TISSUE

- ☐ Lumbar sprain/strain (847.2)
☒ Lumbosacral sprain/strain (846.0)
☒ Sacroiliac sprain/strain (846.1)

POSTERIOR JOINTS

- ☐ Facet syndrome (724.8)
☐ Lumbar subluxation (839.20) or segmental dysfunction (739.3) (circle)

DISC

- ☐ Lumbar disc displacement without myelopathy (with or without radiculitis) (722.10)
☐ Lumbosacral radiculitis (724.4)

SACROILIAC

- ☐ Sacroiliitis (720.2)
☐ Sacroiliac subluxation (839.42) or segmental dysfunction (739.4) (circle)

☐ OTHER: _____*disc root syndrome*20. RECOMMENDATIONS, OPINION, REFERRALS, TX PLAN OR REDIRECTION: _____

_____ *see report* _____

_____21. AUTHORIZATION(S) REQUESTED FOR: _____

22. PHYSICIAN'S SIGNATURE _____

DATE *8/2/00*

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